

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 0146 612 | FILING DATE 10-1-02 | | | | |
|--|------|------------------------|------|------------------------|------|------------------------|------------------------|--------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | | * | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | 7 | | 3 | | | | TOTAL IND. | | 4 | |
| TOTAL DEP. | | 113 | | 58 | | | | TOTAL DEP. | | 54 | |
| TOTAL CLAIMS | | 120 | | | | | | TOTAL CLAIMS | | 58 | |

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 09220003 | FILING DATE 05-22-99 | | | | | |
|--|----------|------|------------------------|------|------------------------|------|------------------------|-------------------------|------|------|------|------|------|
| APPLICANT(S) | | | | | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
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| 4 | | | | | | | 54 | | | | | | |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 12 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 12 | | | | | | TOTAL CLAIMS | | | | | | |